



## **New Jersey Department of Children and Families Policy Manual**

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### **New Jersey Care 2000 HMO Program 10-1-2001**

#### **Introduction 2-17-98**

Effective September 1, 1995, the New Jersey Medicaid Program under the auspices of the Division of Medical Assistance and Health Services (DMAHS) became New Jersey Care 2000, changing from a primarily fee for service health care program to a managed care/HMO program for the majority of its eligible recipients. Implementation of the program began with the mandatory enrollment of most TANF (Temporary Assistance for Needy Families, formerly called AFDC) recipients into HMOs that contract with DMAHS to serve Medicaid recipients. CP&P children in out-of-home placements (resource homes, subsidized adoptive homes, group homes or residential treatment centers) are eligible to enroll in a New Jersey Care 2000 HMO and receive the full range of health services to meet their health and medical needs. It is not mandatory for a child supervised in an out-of-home placement by CP&P to enroll in a New Jersey Care 2000 HMO. The decision to enroll a child in a New Jersey Care 2000 HMO is primarily that of the child's caregiver (resource parent or residential service provider) in consultation with the Worker. In the case of a child in a subsidized adoptive placement, the adoptive parents have the sole decision-making responsibility of selecting the type of health coverage for the child.

#### **Benefits to CP&P Children Enrolled in a Medicaid HMO 2-17-98**

Enrollment in a New Jersey Care 2000 HMO affords the CP&P supervised child the opportunity to obtain preventive care that is carefully monitored by a Primary Care Physician selected by the child's caregiver. Any child who is enrolled in a New Jersey Care 2000 HMO continues to receive the same health benefits as though under the fee-for-service Medicaid program. The most significant difference between the two programs is that most services require the approval of the Primary Care Physician (PCP) before the service can be rendered. The three most important benefits offered by New Jersey Care 2000 HMOs are:

- A personal doctor who is responsible for the health care needs of the child,
- Access to health care 24 hours a day, 7 days a week, and

- Health Benefits Coordinators (HBCs) to help obtain quality health care for the child.

The Primary Care Physician (PCP) selected for the child provides for the child's basic medical care which includes but is not limited to:

- All regular check-ups,
- Immunizations,
- Routine tests,
- Other basic medical services, and
- Referral to specialists for conditions such as allergies, asthma, diabetes and other special conditions.

It is the responsibility of the Primary Care Physician (PCP) to attend to the basic health care needs of the child on a routine basis to prevent serious illness.

New Jersey Care 2000 Medicaid HMOs provide a full range of services in addition to those listed above. The services provided are:

- Primary and specialty care,
- Preventive health care and counseling,
- EPSDT,
- Private duty nursing services through EPSDT,
- Emergency medical care (in area and out of area) 24 hours/day, 7 days/week,
- Inpatient and outpatient hospital services,
- Laboratory and radiology services,
- Prescription drugs,
- Family planning,
- Podiatry (foot), chiropractic and optometry services,
- Optical (eye) and hearing appliances,
- Home health agency services,
- Medical supplies and durable medical equipment,
- Dental services,
- Organ transplants except donor/recipient inpatient hospital costs,
- Transportation services - ambulance, MICUs and invalid coach,
- Prosthetics and orthotics,
- Outpatient rehabilitation services, i.e., physical therapy (PT), occupational therapy (OT), speech therapy (ST) 60 visits/therapy per year
- Hospice services,
- Hearing evaluations and hearing aids, and
- Bed hold days (maximum of 12 social necessity days).

### **Services not Provided by New Jersey Care 2000 HMOs 11-14-2011**

The following services are not provided by New Jersey Care 2000 HMOs:

- Mental health services,
- Substance (drug) and alcohol abuse services,
- Methadone and its administration,
- Personal care services,
- Elective/induced abortions (HMO responsible for pre-screening),
- Livery transportation (other than ambulance, invalid coach, MICU, etc.)
- Medical day care,
- Nursing facility care,
- Donor/recipient inpatient hospital costs for organ transplants,
- Residential treatment centers,
- Outpatient rehabilitation services, i.e., physical therapy (PT), occupational therapy (OT), speech therapy (ST) exceeding 60 visits/therapy per year that continue to be medically necessary, and
- Other institutional care.

These services remain accessible through the traditional fee-for-service Medicaid program. The Medical Assistance Customer Center or the Worker can assist the child's caregiver in locating a provider for these services when needed.

#### **Exception to the Prior Authorization HMO Rule      11-14-2011**

Due to the unique and often emergent situations CP&P Workers face on a daily basis, the New Jersey Care 2000 HMOs serving CP&P children permit certain situations to be waived or exempted from the prior authorization rule that is standard practice under HMO regulations. The following case scenarios do not require prior authorization from a PCP in order for services to be rendered after business hours:

- Medical examinations prior to placement performed in compliance with N.J.A.C. 10:122D-2.5(b),
- Medical examinations as part of child abuse/neglect investigations, and
- Other emergencies out side of the coverage area.

In a managed care environment the following protocol applies to the above cited situations:

1. During regular business hours - The CP&P Worker asks the parent/caregiver what health coverage, if any, they have. If the health coverage is a New Jersey Care 2000 HMO, the Worker obtains the name and telephone number of the child's Primary Care Physician (PCP). This information may also be found on the HMO membership ID card.

If the child's health coverage can not be obtained from the caregiver or the HMO membership ID card is unavailable, the Worker can obtain the information through the Recipient Eligibility Verification System (REVS). This is a telephone

voice information system that operates 24 hours a day, 7 days a week and provides eligibility history for one year prior to the current date.

If the child is enrolled in an HMO, the name of the HMO and the 800 telephone number for the HMO is provided by the REVS voice information system. A message is also conveyed that responds to the Medicaid fee-for-service eligibility for the date of service entered of the child who is enrolled in the traditional Medicaid fee-for-service program. Any identifying information entered that is not accurate results in a message stating the child is not an eligible recipient.

The HMO/Primary Care Physician is called to conduct the examination or to refer for examination.

2. After hours - The Worker requests the Emergency Room (ER) to attach the ER report to the billing claim. The ER report must indicate that CP&P requested the examination as part of a child abuse/neglect investigation or emergency placement.

### **Enrolling a CP&P Child in a New Jersey Care 2000 HMO 11-21-2011**

The primary responsibility for the selection of a New Jersey Care 2000 HMO, a Primary Care Physician (PCP) and the enrollment of a child is that of the caregiver with whom the child resides. However, the Worker retains the case management responsibility for ensuring that the child receives appropriate health care at regular intervals according to the health care needs of the child. In addition, certain case situations may dictate that the Worker recommend to the caregiver that the child not be enrolled in an HMO, i.e., a child receiving health care from an out-of-state specialized hospital, or a child with a history of frequent, short term placements. In selecting an HMO for a child the caregiver may consult with family, friends, an HBC, and/or health care providers known to the caregiver to determine which HMO in the coverage area is most appropriate.

CP&P Workers should not select the HMO for a child.

### **Process: From Own Home to CP&P Placement 11-14-2011**

When a child is placed in a resource home, subsidized adoptive home, group home, or a residential treatment facility, the Worker advises the caregiver that the child may be enrolled in a New Jersey Care 2000 HMO, if the caregiver desires. The Worker gives the caregiver a packet of enrollment materials which includes an application form, a general brochure on the New Jersey Care 2000 program, and may include a brochure listing the HMOs available in the county in which the caregiver resides. In addition, the telephone number of the Health Benefits Coordinator (HBC) is provided to the caregiver to call with any questions regarding enrollment of the child in an HMO.

Within one business day of a child's placement in a resource home, subsidized adoptive home, group home or residential treatment facility, the Worker, or the designated LO

liaison telephones or faxes the Health Benefits Coordinator (HBC) to provide the name and address of the child's caregiver and the child's Medicaid number; and to expect a call from the caregiver.

It is the responsibility of the caregiver to contact an HBC and select an HMO and a Primary Care Physician (PCP) for the child placed in the home. The Health Benefits Coordinators (HBCs) are available to answer any general questions about HMO services and the specifics of the enrollment process. The Health Benefits Coordinator (HBC) will also assist the caregiver in completing the application/enrollment form. The caregiver forwards the completed enrollment form directly to the HBC in the self-addressed, postage paid envelope that is included in the enrollment packet provided by the Worker. The HBC processes the enrollment and forwards the confirmation of enrollment letter to the caregiver. The next Medicaid eligibility card produced has a printed message indicating the name and 800 number of the HMO in which the child is enrolled.

The HMO selected by the caregiver receives a copy of the plan selection form from the HBC and forwards a membership kit including the HMO ID card directly to the caregiver.

#### **One CP&P Placement to Another-Child Has CP&P Issued Medicaid 11-14-2011**

(The terms HMO "A" and HMO "B" are used instead of actual HMO names.)

#### **Child in HMO "A"**

For the child who is already enrolled in an HMO, the Worker determines if HMO "A" operates in the county to which the child is moving. If the child can remain in HMO "A", the Worker gives the new caregiver the child's Medicaid card which lists the HMO information on it; or a new one is typed by the Local Office. The HMO ID card which indicates the child's Primary Care Physician (PCP) and where applicable, a dentist and pharmacy, is also given to the new caregiver by the Worker.

The Worker advises the new caregiver that the child is covered by HMO "A". The new caregiver has the option to continue the child in HMO "A", choose a different HMO and complete the enrollment process, or have the child returned to fee for service. It is also important that the Worker advise the new caregiver to immediately notify the child's HMO of the child's new address and that a change in the primary care physician is needed immediately, if retaining the same PCP is not feasible. The Worker gives the caregiver the necessary enrollment materials, Your HMO Enrolled Foster/Adoptive Child Fact Sheet, and the telephone number of the Health Benefits Coordinator (HBC).

Within one business day of the child's move to a new placement the Worker, or the designated LO liaison, must call or fax the Health Benefits Coordinator (HBC) to provide the name and address of the child's new caregiver and the child's Medicaid number. The Worker also advises the HBC to expect a call from the new caregiver.

## **Child in HMO "B"**

If the child is placed in a county not covered by HMO "B", HMO "B" will continue to provide service to the child until he/she is enrolled in a new HMO or is disenrolled and returns to fee for service. The Worker advises the new caregiver to immediately contact HMO "B" to determine who can be authorized to provide care to the child in the new area and to provide HMO "B" with the child's new address. The HMO enrollment materials, the telephone number of the HBC and Your HMO Enrolled Foster/Adoptive Child Fact Sheet, are given to the new caregiver by the Worker.

The following time frames must be adhered to in this situation:

- If the child is placed prior to the 20th of month 1, the caregiver must decide on an HMO and return the completed enrollment form so it is received by the HBC by the 8th of month 2 of the child's placement.
- If the child is placed on or after the 20th of month 1, the caregiver must decide on an HMO and return the completed enrollment form so it is received by the HBC by the 8th of month 3 of the child's placement.

If the caregiver does not select an HMO and submit the enrollment material within the time frames, the HBC automatically disenrolls the child from HMO "B" and returns him/her to fee-for-service.

The Worker gives the new caregiver the child's HMO ID card which has the name of the Primary Care Physician (PCP) and, where applicable, a dentist and pharmacy on it, and the Medicaid card. If the Medicaid card is not available, a new one is typed by the Local Office.

Within one business day of the child's move to a new placement the Worker calls or faxes the HBC to provide the name, telephone number and address of the child's new caregiver and the child's Medicaid number. The Worker also advises the HBC to expect a call from the new caregiver.

## **Child in Fee-for-Service Medicaid**

The Worker gives the child's Medicaid card (only Medicaid number, no HMO information) to the new caregiver. If the card can not be retrieved from the previous home, a new one is typed by the Local Office.

The Worker advises the new caregiver that he/she can choose HMO coverage for the child and that fee-for-service Medicaid will continue until the child is enrolled in an HMO. The HMO enrollment materials are given to the new caregiver along with the telephone number of the HBC who may be contacted by the caregiver with questions. The Worker, or LO Liaison telephones or faxes the HBC, within one business day of the child's placement, to provide the name and address of the new caregiver and the child's Medicaid number.

HMO enrollment may be available to, or mandated for, the adoptive child through his/her federal Medicaid eligibility.

## **Special Placement Situations and Their Effect on New Jersey Care 2000 HMO Enrollment**

### **Child Leaves CP&P Placement 11-22-2004**

When a child leaves a CP&P placement (returns home) or the case is closed/terminated (child reaches the age of majority), Medicaid is terminated. This action also terminates the HMO enrollment. If the child is returning to, or being placed with, a family eligible for TANF through the County Board of Social Services (CBSS), the CP&P Clerk notifies the CBSS Liaison by electronic mail of such action.

If a child leaves placement as a result of reaching the age of majority, see [CP&P-V-A-3-500](#), Medicaid Extension for Young Adults (MEYA), Also Known as Chafee Medicaid, regarding eligibility for extended Medicaid coverage.

### **IV-E Eligible Child Enters New Jersey 2-17-98**

Children moving into New Jersey who are IV-E eligible come to the attention of CP&P either through the Interstate Services Unit or the Medical Assistance Customer Center. When this occurs, the Office of Refugee Services or the LO opens a Medicaid line of service for the child. The caregiver receives, either via mail or in-person, from the Office of Refugee Services or the LO, HMO enrollment materials, an application form and the applicable brochures listing the HMOs in the caregiver's county of residence. In addition, the caregiver is provided with the telephone number of the Health Benefits Coordinator (HBC) and advised to call them with any questions regarding the enrollment process.

### **Runaways, Short Term Placements, etc. 11-14-2011**

The Worker contacts a Health Benefits Coordinator (HBC) to advise them of atypical case situations of an HMO enrolled child that may require special handling. Examples of such situations are:

- A child runs away from a CP&P placement, or
- A child is placed in a shelter outside of his/her HMO coverage area.

In these situations, depending on the anticipated length of the placement, the HBC may recommend that the DMAHS account coordinator become involved.

## **Children Ineligible to Enroll in a New Jersey Care 2000 HMO**

### **Children with Multiple/Duplicate Medicaid Numbers 11-22-2004**

Enrollment in a New Jersey Care 2000 HMO is prohibited if a child has more than one open Medicaid number. Therefore:

- If the Health Benefits Coordinator (HBC) determines during the enrollment process that a child has both CBSS and CP&P issued Medicaid numbers, the HBC notifies CP&P by electronic mail that the enrollment cannot be processed. The CP&P Clerk notifies the CBSS Liaison by electronic mail of the CP&P placement and Medicaid information. The CBSS takes the appropriate action, and notifies CP&P and the HBC of the action taken. Upon receipt of the notification from the CBSS Liaison indicating the CBSS Medicaid number has been terminated, the HBC proceeds with the enrollment process for the child.
- Children for whom CP&P is receiving SSI benefits are ineligible to enroll in a New Jersey Care 2000 HMO because they have a SSI Medicaid number which can not be closed and a CP&P Medicaid number.

#### **Child in Subsidized Adoption Placement Eligible for Medicaid from another Federal Program                      2-17-98**

When it is learned from an adoptive parent, CWA, Division of Medical Assistance and Health Services (DMAHS), or another source that a child in a subsidized adoption placement is eligible for Medicaid from another federally funded program, i.e., SSI, Work First NJ, CP&P Medicaid must be terminated. The Worker notifies the adoptive parent(s) in writing of the termination of the child's CP&P Medicaid due to eligibility through another source. The adoptive parent(s) is further advised that he or she can reapply for CP&P Medicaid if eligibility through the other federal program is ended. See [CP&P-IV-C-1-1100](#), NJ and Federal Benefit Programs and Federal Taxes.

#### **Children Enrolled in Special Medicaid Programs      11-14-2011**

Children who participate in Medicaid waiver programs, such as the Model Waiver programs, are ineligible to enroll in a New Jersey Care 2000 HMO. The health care needs of children enrolled in these programs are fully provided. In addition, any child who has special health care needs that are being appropriately met by health care providers that are not part of an HMO should continue under the fee for service Medicaid program.

#### **Vacation, Weekend and Overnight Visits Out of Area                      2-17-98**

When a child who is enrolled in a New Jersey Care 2000 HMO vacations, or spends a weekend or overnight out side of his/her enrolled HMO coverage area, or with a different caregiver, the Worker ensures that the child's HMO ID card and Medicaid card accompany him/her for the time the child is away. The responsible adult (birth parent, prospective adoptive parent, vacation parent) is provided with the appropriate information needed to contact the child's Primary Care Physician (PCP) or HMO in the



event the child requires medical care during the visit or vacation. Medical care in these situations will be authorized and paid for by the child's HMO.